

**COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 1999 - JUNE 30, 2000**

1. DEPARTMENT/COURT INFORMATION:

Department/Court: Environmental Health (DEH)

Division/Unit: Community Health, Food & Housing, Hazardous Materials and Land
& Water Quality

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEER (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	13	Hours	1,344	x	\$14.83	=	\$19,931.52
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Types of work performed by GENERAL VOLUNTEERS in this category: Assist with permit tracking, ER projects, mapping/cataloging, divisional cross-training, water quality projects, data entry, filing

- b. INSTITUTIONAL VOLUNTEER (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	_____	Hours	_____	x	\$ 14.83	=	_____
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:
NA

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity. These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
_____	_____	x	_____	=	\$ _____

No. Vol	_____	Total Hours	_____	Total Value	\$ _____
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Types of work performed by SPECIALIZED VOLUNTEERS in this category: NA

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a: <u>13</u>	<u>1,344</u>	\$ <u>19,931.52</u>
2b: _____	_____	\$ _____
2c: _____	_____	\$ _____
TOTALS: <u>13</u> <u>1,344</u> \$ <u>19,931.52</u>		

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
<u>NA</u>	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

TOTAL VALUE \$ 0

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 361 x Rate \$ 26.40 = **\$ 9,530.40**

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 40 x Rate \$ 16.34 = **\$ 653.60**

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

Item	Cost
NA	

TOTAL OF OTHER PROGRAM COSTS

=

\$ 0

- d. TOTAL OF VOLUNTEER PROGRAM COST =
(add 4a, 4b, and 4c)

\$ 10,184.00

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

- a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 19,931.52
- b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0
- ADD a + b \$ 19,931.52
- c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 10,184.00)

TOTAL PROGRAM BENEFIT

\$ 9,747.52

6. **RECRUITING:**

Please describe your recruiting programs:

College referrals/internships, job fairs, calls from public

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

Community Health student volunteers assisted in developing DEH Newsletter,

Food & Housing volunteers evaluated historical epidemiological data, which facilitated
in identifying food-borne illness trends.

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2000-01:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Develop project list for volunteers, identify mechanism to award volunteers for their
continued effort and continue to utilize volunteers.

9. **GENERAL INFORMATION:**

Name of Person Completing Report: Wanda Spott

Phone Number: (619) 338-2208 Mail Stop D561 E-Mail wspotteh

Volunteer Coordinator: Same

Phone Number: _____ Mail Stop _____ E-Mail _____

10. **DEPARTMENT CERTIFICATION:**



DEPARTMENT HEAD SIGNATURE

7/20/00

DATE